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|--------------|----------|------|------------------------|------|------------------------|---|--------------|-------------|------|
| CLAIMS ONLY | | | | | | SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">10092963</div> | | FILING DATE | |
| | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. |
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| TOTAL IND. | 8 | ↓ | | ↓ | | ↓ | TOTAL IND. | ↓ | ↓ |
| TOTAL DEP. | 6 | ↓ | | ↓ | | ↓ | TOTAL DEP. | ↓ | ↓ |
| TOTAL CLAIMS | 14 | | | | | | TOTAL CLAIMS | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDMENTS

FORM PTO-2022 (1-98)

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